Department of Veterans Affairs **VHA DIRECTIVE 2001-015**
Veterans Health Administration
Washington, DC 20420 **March 16, 2001**

EXTERNAL PEER REVIEW PROGRAM

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes the policy pertaining to record selection and management for the External Peer Review Program (EPRP).

2. BACKGROUND: EPRP is designed to provide medical centers and outpatient clinics with diagnosis and procedure-specific quality of care information. It also provides a database for analysis and internal and external comparison of clinical care. Data used for these analyses are abstracted from a random sample of both paper and electronic medical records. EPRP is a contracted review of care, specifically designated to collect data to be used to improve the quality of care.

3. POLICY: It is VHA policy that a national EPRP be implemented in all VA medical facilities.

4. ACTION: Cases selected for review will be identified by the Office of Quality and Performance, VHA Headquarters, and forwarded to the contractor. The contractor will make every attempt to give the facility two weeks advance notice of the date of the review, however, the list of cases to be reviewed will not be released to the facility until five working days prior to the visit, unless otherwise authorized by the Office of Quality and Performance, VHA Headquarters. No pre-review of the record by facility staff is allowed. Random and non-random audits are conducted to assess abstractor performance.

a. Once the facility has been notified of the cases to be reviewed, the records and any loose filing pertaining to the cases must be located and sequestered in a secure location until the time of the review. Records are to be released from this location only for patient care needs. No attempt is to be made to rearrange, or in any way alter the contents of the medical records. Information added to the records after the date that the cases were identified for review will not be included in the EPRP review. ***NOTE:*** *The date that the cases are identified for review is the date on which the Office of Quality and Performance drew the sample from the national database.*

b. Abstractors are employees of the contractor. Abstractor performance will be monitored through a combination of audits, reviews, and input from field evaluation. The Office of Quality and Performance has oversight responsibility for the EPRP process and is solely responsible for requesting that an abstractor be reassigned or removed.

c. Abstractors review medical records, both paper and electronic, and provide case-specific information pertaining to data that could and could not be located in the records. At this time, it is appropriate for the facility to attempt to locate any missing documentation so that appropriate credit can be given. The abstractor includes any additional documented information that can be located prior to the time of the exit conference. Only on rare occasions, and with the approval of the Office of Quality and Performance, will information located after the review be included in the database. Information located after the publication of the quarterly report will not be included.

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d. The abstractor will accept information that is documented in the permanent medical record in a checklist format. It must, however, be clear that the checklist is a part of the permanent medical record, has been approved for use in this manner, and conforms to all internal and external medical-legal requirements for documentation. For example, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standard IM 7.8 requires that "Every medical record entry be dated, its author identified, and when necessary, authenticated." Information regarding care that is recorded on checklists, locally developed forms or other formats (e.g., log-books, etc.), that have not been approved for inclusion in the medical record, will not be accepted by the abstractor. There are no prohibitions against Computerized Patient Records system (CPRS) "health summaries" that aggregate relevant health data generated as part of care delivery.

e. All records will remain in a secure area for 48 hours following the review to allow for unannounced audits of the abstractor's work.

5. REFERENCE: Joint Commission on Accreditation of Healthcare Organizations' Comprehensive Accreditation Manual for Hospitals: The Official Handbook.

6. FOLLOW-UP RESPONSIBILITY: Chief Officer, Quality and Performance Office (10Q) is responsible for the contents of the Directive.

7. RECISSIONS: None. This Directive expires March 31, 2006.

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Under Secretary for Health

DISTRIBUTION: CO: E-mailed 3/22/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 3/22/2001